

Frequently Asked Questions on Severe Acute Respiratory Syndrome in B.C.

Note: A new cluster of SARS cases has emerged in Greater Toronto health-care facilities. Hospitals affected include:

- St. John's Rehabilitation Hospital (May 1 – 22, 2003);
- North York General Hospital (April 19 – May 23, 2003);
- Scarborough Hospital (May 12 – 23, 2003); and
- St. Michael's Hospital Neurosurgery and Cardiac Care Unit (May 15 – 24, 2003).

Anyone now in B.C. who visited one of these facilities during the dates indicated may be at risk of SARS and should contact BC NurseLine for advice at 1-866-215-4700, or 604-215-4700 in the Lower Mainland. (Translation services available in 130 languages. Deaf and hearing-impaired service at 1-866-889-4700.)

Further information may be obtained from Health Canada at www.sars.gc.ca or 1-800-454-8302, and from Ontario's Ministry of Health and Long-term Care at www.health.gov.on.ca or 1-888-668-4636.

SEVERE ACUTE RESPIRATORY SYNDROME

- Q1** What is SARS? OR What are the symptoms of SARS?
- Q2** How do you get infected? OR How is SARS spread?
- Q3** Should I go to the hospital or clinic if I think I might have SARS?
- Q4** What should I do if I think I have SARS?
- Q5** Do people recover from SARS? OR Can I die from SARS?
- Q6** If a person develops SARS, what is the normal course of treatment?
- Q7** Does SARS spread by touching elevator buttons, money and things like that if they were touched previously by a person with SARS?

SARS IN B.C.

- Q8** What is the risk of this infection in B.C.?

CONTACT WITH SARS

- Q9** What should I do if I have been in contact with someone with suspected SARS?
- Q10** As a contact of a contact of a known SARS case, what should I do?
- Q11** Should I be concerned if I am a contact of a contact of a contact? OR Should I be concerned if my child played with a friend whose father is a doctor who looked after a patient with possible SARS?

TRAVELLING/RETURN TRAVELLERS AND SARS

- Q12** I have just returned from Asia. What should I do?
- Q13** How will I know I'm safe from SARS once I get back from travel to Southeast Asia?
- Q14** I have planned an upcoming trip to Asia. Should I still go?
- Q15** I am travelling to Toronto. Should I postpone my flight?
- Q16** What should I do if I have travelled to _____ (anywhere but China, Hong Kong, Taiwan, Vietnam, Singapore)?
- Q17** Should I allow visitors/boarders returning from an affected area to come into my home?

FAQs on Severe Acute Respiratory Syndrome (SARS) in B.C.

Q18 What should I do if I'm in poor health and have someone coming to visit me who's travelled from an affected country?

Q19 Am I at risk if I travel on an airplane? OR Can you catch SARS being on the same airplane as a person sick with SARS?

Q20 What should I do to protect myself from SARS when I'm travelling on public transit?

SARS AND WORK

Q21 Someone in my office was recently in Hong Kong/Taiwan/China/Vietnam/Singapore. Should they be allowed back to work? Should I stay away from work if they are allowed back?

Q22 As a health-care worker, what precautions should I take to protect myself from SARS?

Q23 As a health care worker who screens people for contact with a SARS case or recent travel to an affected area, I am frequently told they don't know if they've had contact because they think they may have unknowingly been exposed. What should I do next?

Q24 As a pharmacist, what should I do to protect myself from people coming in with a cough or fever?

Q25 What should I do to protect myself from SARS if I work at the airport?

Q26 I work in a casino/as a tour operator/at a tourist attraction and we have tour buses with Asian tourists coming in straight from the airport. Should we screen people at the door and not let any in that look unwell? What steps should I/employees do to protect ourselves?

Q27 I work in a port where ships arrive from Asia. Am I at increased risk?

Q28 I work in a port where ships arrive from Asia. Should I watch for people potentially infected with SARS?

Q29 I work in a dental office. Should we be taking special precautions? Do the instruments need special cleaning?

Q30 Should someone who comes to work with a cough looking unwell be sent home?

Q31 I served a person in my store that has possible SARS. Am I at risk? What should I do?

SARS AND CHILDREN/SCHOOL

Q32 Should children or teachers be excluded from school if they have travelled, or had contact with a family member who has travelled, recently to an affected area?

Q33 Should schools be closing to protect children from the SARS outbreak?

Q34 Are children at increased risk of SARS?

Q35 My child is being immunized tomorrow. Will that put her more at risk for contracting SARS?

QUARANTINE/ISOLATION

Q36 What do I have to do if I am quarantined?

Q37 What do I have to do if I am in home isolation?

Q38 Why do I have to stay home for 10 days?

Q39 Who should be quarantined or in isolation for SARS?

Q40 Should contacts of a contact be quarantined? OR Should family of a contact be quarantined?

Q41 Can I have visitors if I am quarantined or in isolation?

Q42 Should workers or visitors go into homes that have been quarantined or are on isolation order?

Q43 How should I isolate myself if I become sick after travelling recently to an affected area or having contact with someone with SARS?

Q44 What is the difference between quarantine and isolation?

PREVENTION

- Q45 What can I do to protect myself from SARS here in B.C.?
Q46 What kind of face mask should I buy to protect myself from getting SARS?
Q47 What's the best way to wash my hands to prevent infection?
Q48 Is there a vaccine available? OR Is a vaccine being developed?
Q49 Will my flu shot protect me against SARS?

GOVERNMENT ACTION

- Q50 What is B.C. doing to control the SARS outbreak?
Q51 What is being done at airports to prevent the spread of SARS?
Q52 Why aren't we stopping all flights coming from affected areas to stop the spread of SARS?
Q53 Why aren't people flying in from affected areas being automatically quarantined?
Q54 What's being done around the world to stop SARS from spreading?

CASES OF SARS

- Q55 How many cases of SARS have been reported to date in B.C.?
Q56 How many cases of SARS have been reported to date in Canada?
Q57 How many cases of SARS have been reported to date worldwide?

GOVERNMENT POWERS

- Q58 What kinds of powers does Health Canada have under the Federal Quarantine Act?
Q59 What are the powers of the Medical Health Officers in B.C. regarding SARS?

SARS DEFINITIONS

- Q60 What are considered "affected areas" in the world?
Q61 What is a "suspect case" of SARS?
Q62 What is meant by a "probable case" of SARS?
Q63 What is considered "close contact" with an infected person?
Q64 What is meant by secondary transmission in B.C.?

OTHER

- Q65 How is SARS different from other illnesses?
Q66 How does this virus compare to influenza pandemics (worldwide outbreaks of influenza)?
Q67 Where did the infection start and how did it spread to other countries?
Q68 Are researchers working to find a cure?

SEVERE ACUTE RESPIRATORY SYNDROME

Q1 What is SARS? OR What are the symptoms of SARS?

A1 Severe Acute Respiratory Syndrome is a group of mainly respiratory symptoms for which the cause is unknown, although it is thought to be a virus.

The main symptoms include fever, dry cough, shortness of breath or breathing difficulties. SARS may also be associated with other symptoms such as headache, muscle aches, sore throat, fatigue and diarrhea. In some patients, their respiratory symptoms become more severe over the course of about a week and they require oxygen support and sometimes mechanical breathing or a "breathing machine."

For a positive diagnosis of SARS, a person must have symptoms including a fever over 38°C AND have travelled within the past 10 days to an affected area OR have had contact with a SARS case within the past 10 days. (See Q60 What are considered "affected areas" in the world?)

The time from exposure to the start of symptoms is estimated to be from 2 to 10 days, with 3 to 5 days being more common. Maximum incubation period is thought to be 10 days.

Q2 How do you get infected? OR How is SARS spread?

A2 SARS is spread by close contact with an ill person, in the same way the common cold is spread. Close contact means having cared for, lived with or had face-to-face (within one metre) or direct contact with a person with SARS or fluids from his/her nose, mouth or throat or other body fluids.

Lung infections are usually caused by virus or bacteria spread from person to person through contact with fluid from the nose, mouth and throat. This may occur through droplets in the air when an infected person coughs or sneezes near another person. Viruses or bacteria may also be spread through saliva, usually by kissing or sharing food, beverages, cigarettes or other things that have been in the mouth of an infected person. Shaking hands or contact with tissues, toys or other articles that may have been in recent contact with fluid from the nose, mouth, throat or eyes of an infected person can spread some viruses or bacteria.

Q3 Should I go to the hospital or clinic if I think I might have SARS?

A3 No. If you develop high fever and cough, shortness of breath or difficulty breathing AND in the last 10 days you have either travelled in an affected area or had contact with a known SARS case, you should seek advice from the BC NurseLine at 1-866-215-4700 (or 604-215-4700 in the Lower Mainland). (Translation services available in 130 languages. Deaf and hearing-impaired service at 1-866-889-4700.)

Note: If you are advised to see a doctor or go to hospital emergency because of suspected SARS, please call ahead so proper precautions can be taken to minimize the risk of spread to others. If you are advised to call 911, please notify the attendant so appropriate infection prevention measures can be taken by paramedics.

While you are ill, minimize your own direct or face-to-face contact with other people to avoid transmitting the illness.

Q4 What should I do if I think I have SARS?

- A4** You should isolate yourself at home and seek advice from BC NurseLine at 1-866-215-4700 (604-215-4700 in the Lower Mainland). (Translation services available in 130 languages. Deaf/hearing-impaired service at 1-866-889-4700.)

Note: If you are advised to see a doctor or go to hospital emergency because of suspected SARS, please call ahead so proper precautions can be taken to minimize the risk of spread to others. If you are advised to call 911, please notify the attendant so appropriate infection prevention measures can be taken by paramedics.

Q5 Do people recover from SARS? OR Can I die from SARS?

- A5** Only a few people have died as a result of SARS (about 8 per 100 affected persons identified worldwide). Of those who have died in Canada, all were either elderly or had an underlying medical condition. Most healthy people are making a full recovery from SARS and those with a mild illness can be observed and treated at home.

Q6 If a person develops SARS, what is the normal course of treatment?

- A6** Patients who do not have a severe case of SARS can stay home and recover on their own much like you would with a cold or the flu. Previously healthy people who are not seriously ill will be observed and treated at home.

A small number of patients, who develop progressive pneumonia, do require treatment in hospital, which usually involves fluids and oxygen, anti-viral drugs and in some cases a respirator. This allows the patient to maintain body functions until their immune system is able to effectively fight the disease.

In all cases, isolation and infection control procedures remain very important to prevent the spread of SARS to others.

Q7 Does SARS spread by touching elevator buttons, money and things like that if they were touched previously by a person with SARS?

- A7** The SARS virus can be transmitted from a person with SARS by touch if they have fluid from the mouth, nose or eyes on their hands. This means there is a potential for spread on elevator buttons etc. if the virus is present on an object, and you touch your eyes, nose, or mouth after touching the object. Most viruses live for only a limited time on objects, and we anticipate that once the virus responsible for SARS is confirmed we will be able to determine how long it is able to survive outside the body.

This is why hand-washing is the best way of preventing virus illnesses like SARS.

You can protect yourself from SARS in the same way you protect yourself from the common cold. British Columbians are encouraged to use good hygiene practices such as frequent hand-washing, particularly at this time. Hand-washing is the single most important procedure for preventing infections such as SARS.

SARS IN B.C.

Q8 What is the risk of this infection in B.C.?

- A8** The risk to the general public of contracting SARS during the course of their normal day-to-day activities is now considered to be virtually nil. British Columbia has had very few cases to date and they have either been in travelers or have been in a health care worker who acquired SARS in a hospital. (Note: The most current number of cases are posted on the Ministry of Health Planning Web site at www.gov.bc.ca/healthplanning/.)

You can protect yourself from SARS in the same way you protect yourself from the common cold. British Columbians are encouraged to use good hygiene practices such as frequent hand-washing, particularly at this time. Hand-washing is the single most important procedure for preventing infections such as SARS.

CONTACT WITH SARS

Q9 What should I do if I have been in contact with a suspected SARS case?

- A9** If you have had contact with a suspected SARS case and you have not spoken to a doctor or public health nurse, you should notify your doctor as soon as possible for further direction.

If you do not have any symptoms, quarantine is not required, but a public health nurse will check in with you daily or you will be asked to monitor your health and notify a doctor or public health nurse if you develop symptoms (fever, cough, shortness of breath or difficulty breathing, diarrhea). It is particularly important that you avoid any close contact with other people if you become ill.

If you have had close contact with a SARS case and you do develop symptoms, you are required to take the following precautions:

- Isolate yourself in your home. (*see Q37 What do I have to do if I am in isolation?*)
- Wash your hands frequently, especially after contact with fluid from your nose, mouth, throat or eyes (such as coughing, sneezing or blowing your nose). Hand-washing should be done using plain soap and warm water for at least twenty seconds. Waterless hand rinses (alcohol-based) may be substituted for hand wash.
- Cover your mouth and nose with a tissue when you sneeze or cough.
- Promptly dispose of any tissues or other articles that come into contact with fluid from your nose, mouth, throat or eyes. Household cleaning products can be used to clean non-disposable items like children's toys.

In addition, you must follow any other instructions specific to your situation provided by the Medical Health Officer, public health department or doctor.

Q10 As a contact of a contact of a known SARS case, what should I do?

A10 Healthy contacts of healthy people who are quarantined as contacts of SARS cases do not need to stay home because there is no risk they can transmit SARS. As a contact of a contact of a probable or suspect SARS case, you should not be concerned unless the contact develops symptoms.

If the contact develops a fever over 38° Celsius or respiratory symptoms (cough, shortness of breath, difficulty breathing or diarrhea), it is advised that you contact your doctor or the BC NurseLine at 1-866-215-4700 (or 604-215-4700 in the Lower Mainland) for further direction. (Translation services available in 130 languages. Deaf and hearing-impaired service at 1-866-889-4700.)

Q11 Should I be concerned if I am a contact of a contact of a contact? OR Should I be concerned if my child played with a friend whose father is a doctor who looked after a probable or suspect SARS case?

A11 No. There is no evidence of transmission among people without symptoms.

TRAVELLING/RETURN TRAVELLERS AND SARS

Q12 I have just returned from Asia. What should I do?

A12 Unless you travelled to an affected area, there is no evidence you are at risk from SARS. (See Q60 What are considered "affected areas" in the world?)

If you are returning from travel to an affected area, you should monitor your health for 10 days following your return. If you develop high fever and cough, shortness of breath or difficulty breathing, you should isolate yourself at home and seek advice from the BC NurseLine at 1-866-215-4700 (or 604-215-4700 in the Lower Mainland). (Translation services available in 130 languages. Deaf and hearing-impaired service at 1-866-889-4700.)

Note: If you are advised to see a doctor or go to hospital emergency because of suspected SARS, please call ahead so proper precautions can be taken to minimize the risk of spread to others. If you are advised to call an ambulance, please notify the attendant that appropriate infection prevention measures should be taken by paramedics.

If you are ill, minimize your own direct or face-to-face contact with other people, wash your hands frequently, use tissues to cover your nose and mouth if sneezing or coughing and properly dispose of them.

Q13 How will I know I'm safe from SARS once I get back from travel to Southeast Asia?

A13 SARS has a maximum 10-day incubation period. If you have not developed a fever or respiratory symptoms after 10 days, and have had no new potential exposure, you have not contracted the disease.

Q14 I have planned an upcoming trip to Asia. Should I still go?

A14 As of May 29, 2003, the World Health Organization advises that travellers postpone all but essential travel to China, including Taiwan. This is the only area in the world where local transmission may pose a threat of transmission within the community. WHO has removed its travel advisory for Hong Kong as its SARS situation in this area has improved considerably. See <http://www.who.int/csr/sars/en/> to ensure this is the latest travel advisory and for a breakdown of specific affected provinces within China (follow the link to "SARS Travel Recommendations").

You may also wish to check the latest travel advisory information on the Health Canada Web site at www.sars.gc.ca (follow the "General Information" link, then scroll down to the "Warnings/Advisories" section), or call Health Canada's SARS information line at 1-800-454-8302.

Q15 I am travelling to Toronto. Should I postpone my flight?

A15 As of May 29, 2003, neither Health Canada nor the World Health Organization is recommending against travel to Toronto.. Currently, risk of SARS to travellers or the general public in Toronto is considered very low.

To ensure you have the latest travel advisory information, check the Health Canada Web site at www.sars.gov.ca (follow the "General Information" link, then scroll down to the "Warnings/Advisories" section), or call Health Canada's SARS information line at 1-800-454-8302.

Q16 What should I do if I have travelled from _____ (anywhere but China, Taiwan, Hong Kong or Singapore)?

A16 There is no evidence of risk from SARS anywhere other than in the affected areas. Therefore you may go about your normal day-to-day activities. For an update of the affected areas refer to <http://www.who.int/csr/sarsareas/en/>.

Nevertheless, you should use good hygiene to minimize the spread of communicable diseases. This includes:

- frequent hand washing;
- proper disposal of used tissues or other articles that have come in contact with fluid from the nose, throat, mouth or eyes; and
- avoiding direct contact, including face-to-face, with ill persons.

Q17 Should I allow visitors/boarders returning from an affected area to come into my home?

A17 There is no evidence of transmission by individuals who are not showing symptoms.

If there is no history of exposure to a known SARS case, but someone develops a fever followed by respiratory symptoms after returning from an affected area they should isolate themselves at home and seek advice from the BC NurseLine at 1-866-215-4700 (or 604-215-4700 in the Lower Mainland). (Translation services available in 130 languages. Deaf and hearing-impaired service at 1-866-889-4700.)

Note: If you are advised to see a doctor or go to hospital emergency because of suspected SARS, please call ahead so proper precautions can be taken to minimize the risk of spread to others. If you are advised to call 911, please notify the attendant so appropriate infection prevention measures can be taken by paramedics.

Anyone returning from an affected area who has had direct contact with a probable SARS case should be in home quarantine for 10 days. If SARS symptoms develop, the person should be isolated in the home and seek advice from a doctor, public health nurse or BC NurseLine.

Q18 What should I do if I'm in poor health and have someone coming to visit me who's travelled from an affected country?

A18 There is no evidence of transmission by individuals who are not showing symptoms. Those with symptoms that begin within 10 days of leaving the affected area should be remaining in isolation at home under medical observation.

Anyone returning from an affected area who has had direct contact with a probable SARS case should be in quarantine for 10 days. If they develop a fever followed by respiratory symptoms, they should isolate themselves and seek advice from a doctor, public health nurse or BC NurseLine at 1-866-215-4700 (or 604-215-4700 in the Lower Mainland). (Translation services available in 130 languages. Deaf and hearing-impaired service at 1-866-889-4700.)

You should use good hygiene to minimize the spread of communicable diseases. This includes:

- frequent hand-washing;
- proper disposal of used tissues or other articles that have come in contact with fluid from the nose, throat, mouth or eyes; and
- avoiding direct contact, including face-to-face, with ill persons.

Hand-washing is the single most important procedure for preventing infections such as SARS.

Q19 Am I at risk if I travel on an airplane? OR Can you catch SARS being on the same airplane as a person sick with SARS?

A19 The risk of contracting SARS on an airplane is very low.

Nevertheless, you should use good hygiene to minimize the spread of communicable diseases. This includes:

- frequent hand-washing;
- proper disposal of used tissues or other articles that have come in contact with fluid from the nose, throat, mouth or eyes; and
- avoiding direct contact, including face-to-face, with ill persons.

Hand-washing is the single most important procedure for preventing infections such as SARS.

Q20 What should I do to protect myself from SARS when I'm travelling on public transit?

A20 The risk to the general public of contracting SARS during the course of their normal day-to-day activities in Canada is virtually nil. To date, British Columbia has had few SARS cases and all occurred in people who acquired the virus in an affected country, with the exception of one health care worker who became infected by a SARS patient in hospital.

You can protect yourself from SARS in the same way you protect yourself from the common cold. British Columbians are encouraged to use good hygiene practices such as frequent hand-washing, particularly at this time. Hand-washing is the single most important procedure for preventing infections such as SARS.

SARS AND WORK

Q21 Someone in my office was recently in Hong Kong/Taiwan/China/Vietnam/Singapore/Toronto. Should they be allowed back to work? Should I stay away from work if they are allowed back?

A21 People returning from these areas are at low risk. There is no evidence that individuals with no symptoms can spread the agent that causes SARS. The Provincial Health Officer advises there is no justification at present for barring returning workers who do not have symptoms from the workplace or for staying away from a workplace that has a healthy traveller from an affected area.

Travellers returning from affected countries have been advised to watch for symptoms of illness, and if they develop, to seek medical advice and to stay away from work.

Q22 As a health-care worker, what precautions should I take to protect myself from SARS?

A22 A high index of suspicion is warranted at this time. This means being alert for anyone with respiratory symptoms who has travelled from an affected area or has come in contact with a suspected or probable case of SARS. (See Q60 What are considered "affected areas" in the world?)

Proper infection control procedures should be followed at all times. Air-borne and contact precautions should be used when dealing with someone with respiratory symptoms. Frequent and careful hand-washing is a must.

Infection control guidelines are being updated regularly by Health Canada and can be accessed at www.sars.gc.ca (follow the link for "Health Professionals" then scroll down to the "Infection Control" section).

If you have specific concerns, you should contact your Medical Health Officer.

Q23 As a health-care worker who screens people for contact with a SARS case or recent travel to an affected area, I am frequently told they don't know if they've had contact because they think they may have unknowingly been exposed. What should I do next?

A23 If the person is ill, he or she should be assessed by a physician because they may have some other illness. People who are not ill should be advised to monitor their health for 10 days.

Proper infection control procedures should be followed at all times. Air-borne and contact precautions should be used when dealing with someone with respiratory symptoms. Frequent and careful hand-washing is a must.

Q24 As a pharmacist, what should I do to protect myself from people coming in with a cough or fever?

A24 Please refer to the April 4th letter from the Provincial Health Officer sent to all physicians and pharmacists in B.C. advising on SARS patient assessment and management. Additional information on infection control may be obtained from the Health Canada SARS Web site at www.sars.gc.ca (follow the "For Health Professionals" link, then scroll down to the "Infection Control" section).

FAQs on Severe Acute Respiratory Syndrome (SARS) in B.C.

Q25 What should I do to protect myself from SARS if I work at the airport?

A25 The risk of contracting SARS at a B.C. airport is extremely low. There has been no evidence of any transmission attributed to airport contact.

Health Canada has developed specific recommendations for people who work in airports or on airplanes and for Quarantine Officers. These guidelines should be available at your worksite and reviewed with your supervisor. The guidelines are available at www.sars.gc.ca (follow the "Health Professionals" link, then scroll down to the "Infection Control" section).

You should use good hygiene practices to minimize the spread of communicable diseases. This includes:

- frequent hand-washing;
- proper disposal of used tissues or other articles that have come in contact with fluid from the nose, throat, mouth or eyes; and
- avoiding direct contact, including face-to-face, with ill persons.

Hand-washing is the single most important procedure for preventing infections such as SARS.

The Provincial Health Officer has advised that masks are not needed when having contact with airline passengers, unless the passenger is sick with respiratory symptoms. Airline passengers are being screened before they board aircraft in Southeast Asia and Toronto to minimize the risk of an infectious person being on-board an airplane. During flights passengers are being observed by flight crews for illness and if someone appears ill he or she will be isolated by a Quarantine Officer as soon as the plane arrives.

Q26 I work in tourism (at a casino/as a tour operator/at a tourist attraction) and we have tour buses with Asian tourists coming in straight from the airport. Should we screen people at the door and not let any in that look unwell? What steps should I/employees do to protect ourselves?

A26 Quarantine Officers are screening all passengers arriving from affected areas at airports. Passengers travelling from affected areas in Southeast Asia are advised they can go about normal activities without restrictions provided they are well. People who travelled from an affected area and develop a fever and cough are advised to immediately isolate themselves and seek medical advice.

It would be reasonable to ask anyone with a fever who has travelled within the past 10 days from an affected country to isolate himself or herself from the tour group and seek medical advice.

The tourism operator should speak to the tour organizer asking them to isolate and seek medical attention for anyone with a fever or respiratory symptoms.

The Provincial Health Officer advises in a workplace where employees are in contact with tourists, it is not necessary for employees to wear a mask. However, employees should be encouraged to use good hygiene practices to minimize the spread of communicable diseases. This includes:

- frequent hand-washing;
- proper disposal of used tissues or other articles that have come in contact with fluid from the nose, throat, mouth or eyes; and
- avoiding direct contact, including face-to-face, with ill persons.

Hand-washing is the single most important procedure for preventing infections such as SARS.

FAQs on Severe Acute Respiratory Syndrome (SARS) in B.C.

Q27 I work in a port where ships arrive from Asia. Am I at increased risk?

A27 The risk of contracting SARS at a B.C. port is very low.

Nevertheless, you should use good hygiene to minimize the spread of communicable diseases. This includes:

- frequent hand-washing;
- proper disposal of used tissues or other articles that have come in contact with fluid from the nose, throat, mouth or eyes; and
- avoiding direct contact, including face-to-face, with ill persons.

Hand-washing is the single most important procedure for preventing infections such as SARS.

Ships captains are being required to report 96 hours before arrival, 24 hours before arrival and to a marine pilot if they have a sick person on board. If required a ship can be put in quarantine by a Quarantine Officer.

Cruise ship operators have put in place measures to minimize the chance of passengers or crew acquiring SARS on-board.

Q28 I work in a port where ships arrive from Asia. Should I watch for people potentially infected with SARS?

A28 Ships captains are being required to report 96 hours before arrival, 24 hours before arrival and to a marine pilot if they have a sick person on board. If required a ship can be put in quarantine by a Quarantine Officer.

If you are concerned there may be a SARS case on board a ship entering the port, you should contact the local Canadian Coast Guard office for further direction.

Cruise ship operators have put in place measures to minimize the chance of passengers or crew acquiring SARS on-board.

Q29 I work in a dental office. Should we be taking special precautions? Do the instruments need special cleaning?

A29 Proper sterilization and infection prevention procedures should always be followed. All instruments should be sterilized between patients as a routine procedure, therefore no extra precautions need be taken.

Hand-washing is the single most important procedure for preventing infections such as SARS.

It is recommended that you download the recommended infection control precautions for health care settings from the Health Canada Web site at www.sars.gc.ca (follow the "Health Professionals" link, then scroll down to the "Infection Control" section).

Advice to dental offices on precautions for preventing the spread of SARS may be obtained from the Canadian Dental Association Web site at www.cda-adc.ca/.

FAQs on Severe Acute Respiratory Syndrome (SARS) in B.C.

Q30 Should someone who comes to work with a cough looking unwell be sent home?

A30 If the person has a travel history to an affected area within the previous 10 days or has been in contact with a probable or suspect SARS case AND has a fever over 38°C, he or she should be isolated and seek advice from a doctor or the BC NurseLine (1-866-215-4700 or 604-215-4700 in the Lower Mainland). (Translation services available in 130 languages. Deaf and hearing-impaired service at 1-866-889-4700.)

There is no reason to suspect SARS if the person does not have a travel history to an affected area or contact with a known SARS case.

Q31 I served a person in my store that has become a probable or suspected SARS case. Am I at risk? What should I do?

A31 There is no evidence of transmission by individuals who do not have symptoms.

If you had contact with a suspected SARS case or a contact who is experiencing symptoms, you should notify your doctor or a public health department as soon as possible for further direction.

You will be asked to take the following precautions:

- Monitor your health for 10 days after contact and notify your doctor or the public health department if you develop any symptoms of SARS such as a fever, cough, shortness of breath or difficulty breathing. If you become ill, you will be required to isolate yourself and avoid any close contact with other people. (*see Q37 What do I have to do if I am in isolation?*)
- Wash your hands frequently, especially after contact with fluid from your nose, mouth, throat or eyes (such as coughing, sneezing or blowing your nose). Hand-washing should be done using plain soap and warm water for at least twenty seconds. Waterless hand rinses (alcohol-based) may be substituted for hand wash.
- Cover your mouth and nose with a tissue when you sneeze or cough.
- Promptly dispose of any tissues or other articles that come into contact with fluid from your nose, mouth, throat or eyes. Household cleaning products can be used to clean non-disposable items like children's toys.

In addition, you must follow any other instructions specific to your situation provided by the Medical Health Officer, public health department or doctor.

You can also seek advice from the BC NurseLine at 1-866-215-4700 (or 604-215-4700 in the Lower Mainland). (Translation services available in 130 languages. Deaf and hearing-impaired service at 1-866-889-4700.)

Note: Anyone advised to see a doctor or go to hospital emergency because of suspected SARS symptoms should call ahead so proper precautions can be taken to minimize the risk of spread to others. If advised to call an ambulance, the attendant should be notified so that appropriate infection prevention measures can be taken by paramedics.

SARS AND CHILDREN/SCHOOL

Q32 Should children or teachers be excluded from school if they have travelled, or had contact with a family member who has travelled, recently to an affected area?

A32 The province's Medical Health Officers are recommending that any child or teacher returning from an affected area can go to school **UNLESS** they have SARS symptoms or have had contact with a probable case of SARS.

The health of anyone who has travelled to an affected area should be monitored for 10 days after their departure from the affected area. If anyone returning from an affected area develops a fever or respiratory symptoms during this period, he or she should be immediately isolated and have a medical assessment.

Schools, colleges and universities have been advised by the Provincial Health Officer to establish, with advice from the local Medical Health Officer if needed, a means of isolating any individual who has traveled from an affected area within the previous 10 days, should they become ill with a fever of 38 degrees and respiratory symptoms.

Advice on SARS symptoms is available from the BC NurseLine at 1-866-215-4700 (or 604-215-4700 in the Lower Mainland). (Translation services available in 130 languages. Deaf and hearing-impaired service at 1-866-889-4700.)

Students and teachers should be encouraged to use good hygiene practices such as frequent hand-washing in schools, particularly at this time. Hand-washing is the single most important procedure for preventing infections such as SARS.

Q33 Should schools be closing to protect children from the SARS outbreak?

A33 The province's Medical Health Officers have advised that schools not be closed. Their recommendation is that any children returning from an affected area can go to school **UNLESS** they have symptoms of suspected SARS or have had contact with a probable case of SARS.

Students and teachers should be encouraged to use good hygiene practices such as frequent hand-washing in schools, particularly at this time. Hand-washing is the single most importance procedure for preventing infections such as SARS.

Tissues should be available for any children that are sneezing or coughing.

The health of anyone who has travelled to an affected area should be monitored for 10 days after their departure from the affected area. If anyone returning from an affected area develops a fever or respiratory symptoms during this period, he or she should be immediately isolated and have a medical assessment.

Advice on SARS symptoms is available from the BC NurseLine at 1-866-215-4700 (or 604-215-4700 in the Lower Mainland). (Translation services available in 130 languages. Deaf and hearing-impaired service at 1-866-889-4700.)

Concerned school boards should seek advice from their school medical officer. A Medical Health Officer is appointed to the school board as their school medical officer under the School Act. School medical officers have detailed advice for their specific areas. If a school or school board is unsure who their designated medical officer is, contact the regional health authority to find out.

FAQs on Severe Acute Respiratory Syndrome (SARS) in B.C.

Q34 Are children at increased risk of SARS?

A34 No. In fact most cases have not occurred in children. The majority of people affected have been between 24 and 79 years old. Those who become most seriously ill are the elderly and those with underlying health conditions.

Q35 My child is being immunized tomorrow. Will that put her more at risk for contracting SARS?

A35 No. However, it is a good opportunity to encourage children and their parents to use good hygiene practices such as frequent hand-washing. Hand-washing is the single most important procedure for preventing infections such as SARS.

QUARANTINE/ISOLATION

Q36 What do I have to do if I am quarantined?

A36 If you had contact with a probable SARS case but you are not experiencing symptoms, the Medical Health Officer will require you to stay home in quarantine for 10 days after you last exposure to the ill person. This means you must:

- remain at home;
- receive no visitors at your home;
- use your own personal items (such as towels, glasses, utensils, etc.);
- take care not to expose other members of your household to fluids from your mouth, nose or eyes through such things as kissing or sharing utensils or dishes;
- wash your hands often;
- sleep in a separate room; and
- check your temperature twice daily.

You must also follow any other instructions specific to your situation provided by the Medical Health Officer, public health nurse or doctor.

If you or anyone in your home develops a fever over 38° Celsius, respiratory symptoms (cough, shortness of breath, difficulty breathing), headache, or feels sick, contact your doctor or the public health nurse.

Note: If you are advised to see a doctor or go to hospital emergency because of suspected SARS, please call ahead so precautions can be taken to minimize the risk of spread to others. If you are advised to call an ambulance, please notify the attendant that appropriate infection prevention measures should be taken by paramedics.

Family members who did not have contact with the probable SARS case but are contacts of healthy people who are quarantined do not need to stay home because there is no evidence that they can transmit SARS.

If the person in quarantine develops signs of SARS, their contacts will be given detailed instructions regarding additional steps they may be required to take.

Federal compensation in the form of Employment Insurance or other grant may be available to individuals who have been quarantined.

Q37 What do I have to do if I am in home isolation?

A37 If you experience possible SARS symptoms within 10 days of returning from an affected area, or if you develop symptoms after contact with a known or suspected case, the Medical Health Officer will require you to stay in home isolation. This means you must:

- remain at home;
- receive no visitors at your home;
- wear a mask when in the same room with other members of your household (your mask should be changed twice a day);
- use your own personal items (such as towels, glasses, utensils, etc.);
- wash your hands often;
- sleep in a separate room; and
- check your temperature twice daily.

You must also follow any other instructions specific to your situation provided by the Medical Health Officer, public health nurse or doctor.

If anyone else in your home develops a fever over 38° Celsius, respiratory symptoms (cough, shortness of breath, difficulty breathing), headache, or feels sick, or if your symptoms worsen, contact your doctor or the public health nurse.

Note: If you are advised to see a doctor or go to hospital emergency because of suspected SARS, please call ahead so precautions can be taken to minimize the risk of spread to others. If you are advised to call an ambulance, please notify the attendant that appropriate infection prevention measures should be taken by paramedics.

Q38 Why do I have to stay home for 10 days?

A38 The incubation period for SARS is 10 days. If you develop SARS symptoms within 10 days of returning from an affected area or have been in contact with a probable SARS case, the Medical Health Officer may require you to go into home quarantine or isolation for that period of time to ensure you do not transmit the illness to other people. If you do not develop SARS symptoms within that time, or if you are diagnosed as having another illness, you may interact with others without risk of transmitting SARS.

The term "isolation" is used for patients who have symptoms, whereas "quarantine" refers to individuals who are healthy but have had contact with a sick person.

Q39 Who should be quarantined or in isolation for SARS?

A39 Medical health officers will require isolation for anyone who is showing possible symptoms of SARS and within the past 10 days has travelled from an affected area or had contact with a probable or suspect SARS case. (See Q60 What are considered "affected areas" in the world?)

Medical health officers will require quarantine for anyone who has had close contact with a probable SARS case. Close contact means having cared for, lived with, had face-to-face contact with (within one metre) or direct contact with fluid from the nose, mouth or eyes of an infected person.

If you are directed by a Medical Health Officer or the public health department to go into quarantine or isolation for SARS, you are required to comply with these instructions.

FAQs on Severe Acute Respiratory Syndrome (SARS) in B.C.

Q40 Should contacts of a contact be quarantined? OR Should family members of a contact be quarantined?

A40 Family members or other contacts of healthy people who are quarantined do not need to stay home on quarantine unless they themselves had contact with the probable SARS case.

If anyone in the home of someone in quarantine develops a fever over 38°C, respiratory symptoms (cough, shortness of breath, difficulty breathing), headache, or feels sick, contact your doctor, the public health nurse or the BC NurseLine at 1-866-215-4700 (or 604-215-4700 in the Lower Mainland). (Translation services available in 130 languages. Deaf and hearing-impaired service at 1-866-889-4700.)

Note: If you are advised to see a doctor or go to hospital emergency because of suspect SARS, please call ahead so precautions can be taken to minimize the risk of spread to others. If you are advised to call an ambulance, please notify the attendant that appropriate infection prevention measures should be taken by paramedics.

If the person in quarantine develops signs of SARS, their contacts will be monitored for symptoms for 10 days.

Q41 Can I have visitors if I am quarantined or in isolation?

A41 No. Contact with any other person must be avoided, apart from other household members also quarantined or your caregiver if you are sick.

Q42 Should workers or visitors go into homes that have been quarantined or are on isolation order?

A42 No. If someone has been quarantined or isolated at home, they have been instructed not to receive visitors.

Q43 How should I isolate myself if I become sick after travelling recently to an affected area or having contact with someone with SARS?

A43 People who have been required by a Medical Health Officer to stay home in isolation must:

- remain at home;
- receive no visitors at your home;
- wear a mask when in the same room with other members of your household (your mask should be changed twice a day);
- use your own personal items (such as towels, glasses, utensils, etc.);
- wash your hands often;
- sleep in a separate room and ideally use a separate bathroom; and
- check your temperature twice daily.

If anyone else in your home develops a fever over 38° Celsius, respiratory symptoms (cough, shortness of breath, difficulty breathing), headache, or feels sick, or if you have worsening symptoms, contact your doctor or the public health nurse

Note: If you are advised to see a doctor or go to hospital emergency because of suspected SARS, please call ahead so precautions can be taken to minimize the risk of spread to others. If you are advised to call an ambulance, please notify the attendant that appropriate infection prevention measures should be taken by paramedics.

Q44 What is the difference between quarantine and isolation?

A44 The intent of quarantine and isolation is the same: to avoid all close contact with others to prevent the potential spread of a disease. The term "isolation" is used for patients who have symptoms, whereas "quarantine" refers to individuals who are healthy but have had contact with a sick person.

PREVENTION

Q45 What can I do to protect myself from SARS here in B.C.?

A45 The risk to British Columbians from SARS is now considered to be virtually nil. Widespread community outbreaks have not been observed anywhere in the world. B.C. has had few cases of SARS to date and no cases as a result of transmission in the community.

Nevertheless, you should use good hygiene to minimize the spread of communicable diseases. This includes:

- frequent hand-washing;
- proper disposal of used tissues or other articles that have come in contact with fluid from the nose, throat, mouth or eyes; and
- avoiding close contact with ill persons, including face-to-face or with fluid from mouth, nose or eyes.

Q46 What kind of face mask should I buy to protect myself from getting SARS?

A46 Medical Health Officers are not recommending that the general public wear masks as a public health measure. The risk to the general public of contracting SARS during normal day-to-day activities is extremely low.

British Columbians are encouraged to use good hygiene practices such as frequent hand-washing, particularly at this time. Hand-washing is the single most important procedure for preventing infections such as SARS.

People who are in contact with a probable or suspect case will be required to wear a mask. In health-care facilities this should be an N95 mask.

Q47 What's the best way to wash my hands to prevent infection?

A47 Hand-washing should be done using plain soap and warm water for at least twenty seconds. Waterless hand rinses (alcohol-based) may be substituted for hand-washing.

Q48 Is there a vaccine available? OR Is a vaccine being developed?

A48 No. Before a vaccine or an effective treatment for SARS can be developed, the first step is to identify the cause. Once this has been confirmed, public health and care providers can offer more informed recommendations. Until then, basic hygiene and supportive care can be used.

FAQs on Severe Acute Respiratory Syndrome (SARS) in B.C.

Q49 Will my flu shot protect me against SARS?

A49 No. Before a vaccine or an effective treatment for SARS can be developed or recommended, the first step is to identify the cause. Once this has been confirmed, public health and care providers can offer more informed recommendations on vaccinations.

You can protect yourself from SARS in the same way you protect yourself from the common cold. British Columbians are encouraged to use good hygiene practices such as frequent hand-washing, particularly at this time. Hand-washing is the single most important procedure for preventing infections such as SARS.

GOVERNMENT ACTION

Q50 What is B.C. doing to control the SARS outbreak?

A50 The B.C. Ministry of Health Planning Web site contains up-to-date information on B.C.'s actions in response to SARS. Go to www.gov.bc.ca/healthplanning/ and follow the link to "Information on SARS."

Q51 What is being done at airports to prevent the spread of SARS?

A51 Health Canada Quarantine Officers are screening all passengers who have travelled either directly or indirectly from affected areas and asking them to seek medical attention if they develop symptoms.

Airlines operating international flights in and out of Canada have long-standing and new procedures to prevent sick passengers from getting on airplanes.

Q52 Why aren't we stopping all flights coming from affected areas to stop the spread of SARS?

A52 There is no evidence that individuals with no symptoms can spread the agent that causes SARS. Travellers returning from affected countries are being advised to watch for symptoms of illness, and if they develop, to isolate themselves and seek medical advice.

If an arriving passenger from an affected area is determined to have possible SARS symptoms during screening by a Quarantine Officer, he or she is immediately isolated and sent for medical assessment.

Health Canada has determined individuals returning from these areas present a minimal risk for transmitting SARS and there is no justification for cancelling flights from affected areas.

As of May 15, 2003 it is estimated 155,000 people have landed at Vancouver International Airport from Southeast Asia since March 14, 2003. In British Columbia only three travel-related cases of "probable" SARS have been identified. This indicates the risk of acquiring SARS is very low.

Q53 Why aren't people flying in from affected areas being automatically quarantined?

A53 There is no evidence that individuals with no symptoms can spread the agent that causes SARS. Travellers returning from affected countries have been advised to watch for symptoms of illness, and if they develop, to isolate themselves and seek medical advice.

Individuals returning from these areas are at low risk and there is no justification at present for quarantining asymptomatic travellers from an affected area.

As of May 15, 2003 it is estimated 155,000 people have landed at Vancouver International Airport from South East Asia since March 14, 2003. In British Columbia only three travel-related cases of "probable" SARS have been identified. This indicates the risk of acquiring SARS is very low.

Q54 What's being done around the world to stop SARS from spreading?

A54 The World Health Organization is co-ordinating the worldwide response to SARS. Information can be obtained from their web site at www.who.int/csr/sars/en/

All countries have been made aware of SARS so that enhanced monitoring can identify new cases early. This can help our understanding and control of further transmission. Across Canada, enhanced monitoring for SARS is in place and provinces are working together with Health Canada.

International experts in epidemiology, microbiology and infectious diseases and eleven top labs in ten countries are working together to identify and confirm the cause.

Health Canada has issued health alert notices for returning travellers so they can monitor themselves and notify their personal physician if they develop symptoms.

For more information on response to SARS, visit the Web sites of the B.C. Ministry of Health Planning at www.gov.bc.ca/healthplanning/, Health Canada at www.sars.gc.ca and the World Health Organization at www.who.int/csr/en/.

CASES OF SARS

Q55 How many cases of SARS have been reported to date in B.C.?

A55 The B.C. government posts information on the number of cases on the Ministry Health Planning Web site at www.gov.bc.ca/healthplanning/ under "Information on SARS."

The number of cases worldwide is updated daily on the World Health Organization Web site at www.who.int/csr/sars/en/ under the "Cumulative Number of Reported Cases of Severe Acute Respiratory Syndrome" link.

Q56 How many cases of SARS have been reported to date in Canada?

A56 Health Canada posts information on the number of cases in Canada at www.sars.gc.ca/ (go to "General Information," then click on "Latest Canadian Numbers on SARS").

The number of cases worldwide is updated daily on the World Health Organization Web site at www.who.int/csr/sars/en/ under the "Cumulative Number of Reported Cases of Severe Acute Respiratory Syndrome" link.

FAQs on Severe Acute Respiratory Syndrome (SARS) in B.C.

Q57 How many cases of SARS have been reported to date worldwide?

A57 The number of cases worldwide is updated daily on the World Health Organization Web site at www.who.int/csr/sars/en/ under the "Cumulative Number of Reported Cases of Severe Acute Respiratory Syndrome" link.

GOVERNMENT POWERS

Q58 What kinds of powers does Health Canada have under the Federal Quarantine Act?

A58 Under the Quarantine Act, which applies to aircraft and shipping, Health Canada has the power to detain persons, goods or conveyances on suspicion that the persons, goods and conveyances might introduce a dangerous communicable disease into Canada. The authority permits detention without due process for a period of 48 hours in order to undertake a medical examination of persons, analysis of goods or inspection of conveyances. If detention is required beyond 48 hours, Health Canada must present evidence for a continuation of the detention in a federal court. These powers also apply to persons and conveyances leaving Canada for another country. This Act would only be invoked if necessary and Health Canada is not considering that at this time.

Q59 What are the powers of the Medical Health Officers in B.C. regarding SARS?

A59 If required, Medical Health Officers can issue orders requiring an individual suspected of having SARS or contact with a SARS case to remain at home in quarantine or isolation. In the event the individual does not comply, a Medical Health Officer can obtain a court order for quarantine. Medical Health Officers can also require individuals to be tested and treated if they are not willing to do so and are placing others at risk of illness.

B.C.'s Health Act and communicable disease regulation provides the authority for the Provincial Health Officer and Medical Health Officers to control SARS.

SARS DEFINITIONS

Q60 What are considered "affected areas" in the world?

A60 As of May 29, 2003 the World Health Organization reported the following areas have had recent local transmission of SARS:

- China
- Hong Kong
- Taiwan
- Singapore
- Toronto, Canada (specifically: St. John's Rehabilitation Hospital – May 1-22, 2003; North York General Hospital – April 19-May 23, 2003; Scarborough Hospital – May 12-23, 2003; and St. Michael's Hospital Neurosurgery and Cardiac Care Unit – May 15-24, 2003.)

For an update of the affected areas, including specific provinces in China, refer to www.who.int/csr/sarsareas/en/.

FAQs on Severe Acute Respiratory Syndrome (SARS) in B.C.

Q61 What is a "suspect case" of SARS?

A61 A "suspect" case of SARS is a person presenting with:

- Fever (over 38 degrees Celsius)

AND

- Coughing or breathing difficulty

AND

One or more of the following exposures during the 10 days prior to the onset of symptoms:

- Close contact* with a person who is a suspect or probable case
- Recent travel to an "area with local transmission" of SARS outside of Canada (see table below)
- Recent travel or visit to an identified setting in Canada where exposure to SARS may have occurred (e.g., hospital [including any hospital with an occupied SARS unit], household, workplace, school, etc.). **This includes inpatients, employees or visitors to an institution if the exposure setting is an institution.

*Close contact means having cared for, lived with or had face-to-face (within 1 metre) contact with, or having had direct contact with respiratory secretions and/or body fluids of a person with SARS.

**The list of potential SARS exposure sites in the province of Ontario can be obtained at:
www.health.gov.on.ca/english/public/updates/archives/hu_03/sars/exposure_sites_052703.pdf

Areas Outside of Canada listed as "Affected Areas" (with Local Transmission of SARS)

Current*	Dates Affected
China , mainland	November 1, 2002 -
China , Hong Kong Special Administrative Region	February 1, 2003 -
China , Taiwan Province	February 1, 2003 -
Singapore , City of Singapore	February 1, 2003 -
Historical*	Dates Affected
Philippines , City of Manila	April 6 - April 30, 2003
Mongolia	March 15 - April 20, 2003
United States , Areas not specified	March 7 - April 10, 2003
Vietnam , City of Hanoi	February 1 - April 8, 2003

* Areas are listed as "affected" based on having recent local transmission as per the WHO definition (see link below). Some modification of the list has been made as per Canadian surveillance objectives/recommendations of the Canadian Surveillance Working Group.

For further details and updates on affected areas, see: www.who.int/csr/sars/areas/en/.

To ensure this is the most up-to-date information, refer to Health Canada's Web site at www.sars.gc.ca (go to "for Health Professionals" then scroll down to "SARS Case Definitions").

Q62 What is meant by a "probable case" of SARS?

A62 A "probable" case is a suspect case with radiographic evidence of infiltrates consistent with pneumonia or acute respiratory distress syndrome on chest x-ray (i.e., abnormal x-ray findings that indicate an infection in the chest). (See Q61 What is a "suspect case" of SARS?)

To ensure this is the most up-to-date information, refer to Health Canada's Web site at www.sars.gc.ca (go to "for Health Professionals" then scroll down to "SARS Case Definitions").

FAQs on Severe Acute Respiratory Syndrome (SARS) in B.C.

Q63 What is considered "close contact" with an infected person?

A63 SARS appears to be spread by close contact with an ill person, in the same way the common cold is spread (through droplets from sneezing or coughing, or coming in close contact with an infected person). Close contact means having cared for, lived with or had face-to-face (within one metre) or direct contact with a person with SARS or fluids from his/her nose, mouth or throat or other body fluids. For example, this can occur by shaking hands, kissing, sharing food beverages or cigarettes, or touching used tissues.

Q64 What is meant by secondary transmission in B.C.?

A64 Secondary or person-to-person transmission occurs when the contact of a SARS case is also diagnosed as a probable or suspect SARS case.

OTHER

Q65 How is SARS different from other illnesses?

A65 What distinguishes SARS from other respiratory illnesses is the progressive worsening in some patients, its link with Asia and the fact that we do not yet know the cause.

Q66 How does this virus compare to influenza pandemics (worldwide outbreaks of influenza)?

A66 This virus is not behaving like influenza although early symptoms are similar. Influenza pandemics cause widespread outbreaks and the number of persons who become seriously ill or die is high. The speed with which the medical community identified and mobilized to respond to SARS is reassuring. It underscores global readiness to address unusual communicable disease outbreaks, including the next anticipated pandemic of influenza. SARS has tested and improved our capacity to co-operate, communicate and respond to pandemics globally.

Q67 Where did the infection start and how did it spread to other countries?

A67 Epidemiologists have determined that a hotel in Hong Kong may be the common link between seven cases, including the initial cases in the Hong Kong outbreak and cases identified in other parts of the world. A visitor from mainland China who became sick a week before staying at the hotel may have been the original source of the infection.

An outbreak of unusual pneumonia in Guangdong province of China that began in November 2002 has now been determined to result from SARS.

SARS appears to be less easily spread than influenza. However, the speed of international travel creates a risk that cases can spread around the world since ill people in one country can carry their infection to another distant country within hours.

Q68 Are researchers working to find a cure?

A68 International experts in epidemiology, microbiology and infectious diseases and eleven top labs in ten countries are working together to identify the cause. Recent research has linked a new strain of coronavirus to SARS.